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11. Processories of Sections: E07:05:02 and E07:15:08. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections: E07:05:02 and E07:15:08. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent care transformed with and provide statutes. SIGNATURE Viewer type (above to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent care the above to both, in the State of Florida. Statutes. SIGNATURE Viewer type (above to both, in the State of Florida. Statutes. Viewer type (above to both, in the State of Florida. Statutes. (MCIE: Ropetend Agent spatier required was meetering) DP Off FLEHS AND Diffe CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Title DP Off FLEHS AND Diffe CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Title DP Off FLEHS AND Diffe CTORS 13. State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Title DP Off FLEHS AND Diffe CTORS 13. State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 State Addition 13. State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 State Addition 13. State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Display Display Display Display Display III. Prevalent to the prevalence of Sections 107 05:02 and 607 15:08. Florida Statutes, the above-named corporation's board of directors. Theroby accept the appointment as registered agent and the obligations of Section 607 05:005. Florida Statutes. Item corporation's board of directors. Theroby accept the appointment as registered agent agent and the obligations of Section 607 05:005. Florida Statutes. SIGNATURE CHE Leaders of the obligations of Sections corporation to the prevalence and the obligations of Section 607 05:005. Florida Statutes. ONE III. DP OFF ICERS AND DIFFE CEORS. 13. ADDITIONS/CHANGES TO OFF ICERS AND DIFECTORS IN 12. III. III. III. III. III. III. Med Store - type of the obligation corporation to the prevalence and the section of the obligation o								Orada
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14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	agont La SIGNATURE 111. NAME STREET ADDRESS CITY - ST- ZIP TULE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP	m familiar with, and accept th Schoole Typed or pened name of rea- OFFICE DP MESA, RAMON 5810 SW 7TH ST MIAMI FL 33144 DST MESA, RAMON 5810 SW 7TH ST	e obligations of, Sect	ion 607.0505, Fi	Title 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinstating)	DATE DERS AND DIRECTOF Change Change Change Change Change Change	RS IN 12 Addition
	Lam an officer or director of the corporation or the receiver or tructee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	agent La: SIGNATURE 11 NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP	m tamiliar with, and accept th Schoole Typed or print human of the OFFICE DP MESA, RAMON 5810 SW 7TH ST MIAMI FL 33144 DST MESA, RAMON 5810 SW 7TH ST MIAMI FL 33144	e obligations of, Sect	ion 607.0505, Fi	F: Fieplistered Agent signature required 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTOF Change Change Change Change Change Change Change Change Change	RS IN 12 Addition Addition Addition Addition